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REISSUE PATENT APPLICATION TRANSMITTAL

PTO/SB/50 (02-51)
1730215
10/6/03
08/21/03

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	10159-RE (HPC-100US)
	First Named Inventor	Jacqueline K. Pease
	Original Patent Number	6,558,513 B1
	Original Patent Issue Date (Month/Day/Year)	05/06/2003
	Express Mail Label No.	EV333297810US

APPLICATION FOR REISSUE OF: ☒ **Utility Patent** ☐ **Design Patent** ☐ **Plant Patent**
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	<input type="checkbox"/> Ribboned Original Patent Grant
4. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	<input type="checkbox"/> Statement of Loss (PTO/SB/55)
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
6. <input type="checkbox"/> Power of Attorney	13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	15. <input type="checkbox"/> Preliminary Amendment
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
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9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)	
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b. Specification Sequence Listing on:	
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NAME (Print/Type)	Frank P. Tise	Registration No. (Attorney/Agent)	50,379
Signature	<i>Frank P. Tise</i>	Date	August 21, 2003

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10159-RE (HPC-100US)

PTO/SB/56 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
10159-RE (HPC-100US)

Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 35 (C) 3	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 35 (D) 3	**** 0 = * 0	X\$ _____ = X\$ _____ =		or X= X=	
Basic Fee (37 CFR 1.16(h))				\$ _____			\$ 750
Total Filing Fee				\$ _____		OR	\$ 750

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	X\$ _____ =		or X\$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	X\$ _____ =		X\$ _____ =	
Total Additional Fee				\$ _____		OR	\$ _____	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 27 CFR 1.27.

☐ Please charge Deposit Account No. in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 18-0350.
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☒ A check in the amount of \$750 to cover the filing / additional fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

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August 21, 2003

Date

Frank P. Tise, Reg. No. 50,379

Typed or printed name

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): Jacqueline K. Pease and William A. Hendriks

Docket No.

10159-RE (HPC-100US)

Patent No.

6,558,513 B1

Issue Date

May 6, 2003

Examiner

Dean T Nguyen

Group Art Unit

1731

Invention: NON-AQUEOUS RELEASE FROM PAPER MACHINE EQUIPMENT

I hereby certify that the following correspondence:

Reissue Patent Application and related documents, IDS, Check #3375, Return Receipt Card

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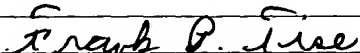
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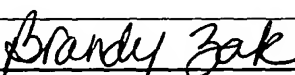
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Patent Number	6,558,513 B1
	Issue Date	May 6, 2003
	First Named Inventor	Jacqueline K. Pease
	Art Unit	1731
	Examiner Name	Dean T. Nguyen
Total Number of Pages in This Submission	Attorney Docket No.	10159-RE (HPC-100US)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form 1449A (2pp), References (18)
Remarks:		

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Firm or Individual	Frank P. Tise	Registration No. (Attorney/Agent)	50,379
Signature			
Date	August 21, 2003		

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		Express Mailing Label No. EV 333297810 US	August 21, 2003
Name (Print/Type)	Brandy Zak		
Signature		Date	August 21, 2003

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